

## Gateway Care Services Limited

# Gateway Care Services

### Inspection report

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Date of inspection visit:

05 October 2016

06 October 2016

Date of publication:

22 November 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection took place on 05 and 06 October 2016. Gateway Care Services is a domiciliary care service providing support to people living in their homes. At the time of our inspection 48 people were using the service.

At our inspection on 24 and 25 September 2015, we found the arrangements for the safe management of medicines for people using the service were not robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy the concerns.

At this inspection we checked to see if these actions had been completed. We found that staff had received appropriate medicines training; however staff had not been assessed to ensure their competence to administer medicines. There was no medicine plan or list of prescribed medicines in people's care plan's relating to the period covered by the MAR charts. The service had not carried out assessments of people who were self-medicating in line with the provider's medication policy, to ensure that medicines were safely managed.

The provider had identified potential risks to people but had not put in place risk management plans to mitigate the risk for people using the service.

These issues were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We took enforcement action following this inspection and served a warning notice on the provider in respect of the most serious breach requiring them to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also asked the provider for an action plan to address the less significant breaches found.

You can see what action we took at the back of the full version of this report.

The provider had not notified the Care Quality Commission (CQC) of safeguarding allegations as required.

This was a breach of Regulation 18 of the Registration Regulations 2009.

The service did not have an effective system in place to regularly assess and monitor the quality of services people received or the improvements required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service had not carried out satisfactory background checks for all staff before they started working, and this required improvement.

There were sufficient numbers of staff to meet the needs of people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt safe using the service. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The service had a system to manage accidents and incidents to reduce reoccurrence.

Staff were supported through regular supervision, annual appraisal and training programmes.

People's consent was sought before care was provided. Where the provider considered people did not have capacity they had followed best interest decision making processes.

Staff supported people to eat and drink sufficient amounts to meet their needs. People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy, dignity, and human rights.

The provider had carried out, collaboratively with the relevant person, an assessment of the needs and preferences for the care and treatment of people. People and their relatives, where appropriate were involved in the assessments and development of people's care plans.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

People and their relatives commented positively about staff and the service. The service had some good practices in relation to quality assurance of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe.

Arrangements for the safe management of medicines were not robust; medicines competency assessments of staff were not completed.

Potential risks to people were identified but risk management plans to mitigate the risk for people were not put in place.

The service had not carried out satisfactory background checks for all staff before they started working.

The service had a system to manage accidents and incidents to reduce reoccurrence.

People who used the service told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the procedures to follow when needed.

The service had enough staff to support people.

### Is the service effective?

Good 

The service was effective.

The service had supported staff through supervision and yearly appraisal in line with the provider's policy to help them undertake their role.

People who used the service commented positively about staff and told us they supported them properly. The service provided an induction and training to staff.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to have enough to eat and drink.

People's relatives coordinated health care appointments and

staff were available to support people to access health care appointments if needed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives where appropriate were involved in the assessments and development of their care plan.

People and their relatives told us the staff were caring and treated them with respect. Staff we spoke with showed an understanding of equality and diversity.

Staff encouraged people to maintain their independence and respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

The service carried out a pre-admission assessment and completed care plans for each person to meet their needs. There was guidance for staff about how to deliver specific aspects of people's care.

Staff completed daily care records to show what tasks they had completed during their scheduled visit to each person's home.

People and their relatives told us they knew how to complain and would do so if necessary.

### Is the service well-led?

Requires Improvement ●

The service was not well-led.

The service did not have an effective system and process to assess and monitor the quality of the care people received.

The provider had not notified the Care Quality Commission (CQC) of safeguarding allegations as required.

People who used the service and their relatives commented positively about staff and the service.

# Gateway Care Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 05 and 06 October 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. This inspection was carried out by one inspector and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at seven people's care records, nine staff records, quality assurance records, and policies and procedures. We spoke with six people who used the service and six relatives about their experience of using the service. We also spoke with the registered manager, care co-ordinator and four members of staff.

# Is the service safe?

## Our findings

At our last inspection on 24 & 25 September 2015, we found arrangements for the safe management of medicines for people using the service were not robust. Staff were not assessed to be competent to administer medicine, the service did not have a medication administration record (MAR) chart, and there were no checks undertaken to verify that medicines were safely administered. We found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy the concerns.

At this inspection we checked to see if these actions had been completed. We found that staff competency to administer medicines had not been checked. The medicines policy dated 22 September 2016 stated that staff should have been assessed as competent to carry out the task after appropriate training had been completed and before administering medicine to people. Staff training records showed that they had received training but had not been assessed to ensure their competence to administer medicines.

The provider's assessments and care plans had identified six people as being able to self-medicate. We found that the provider had not carried out assessments of people who were self-medicating which were required in line with the provider's medicines policy dated 22 September 2016, to ensure their medicines were safely managed.

One person's individual care and support plan dated 09 January 2016 stated staff to 'prompt' for medication. However, on the daily record of visits, staff recorded as 'medicine given' and the staff confirmed that medicines were given. There were no names of prescribed medicines in the person's Medicine Administration Record (MAR) sheet, and under medicine name 'dosette box' was recorded. A member of staff told us that they administered medicines to people straight from the dosette box and recorded on the MAR sheet as medicine given but they were not aware of the contents of the dosette box. Therefore, appropriate guidance was not in place for staff in relation to the medicines they were supporting people with to ensure these were administered safely.

Another person's individual care and support plan completed on 22 April 2016, stated for staff to 'prompt' medicines. However, staff told us they administered medicines from the dosette box, and warfarin, a medication for blood disorders where the dosage is regularly reviewed. Staff told us that they were looking at GP instruction before administering Warfarin but there was no care plan guidance for staff in line with the provider's medicines policy. This meant that medicines were not managed safely. There was no record made as to what the contents of the 'dosette' box were in order that the provider had an accurate record of the medicines that had been administered by staff. There was no medicine plan or list of prescribed medicine in the care plan that was date specific and related to the period covered by the MAR chart.

These issues were a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We are currently considering the action to take in relation to this breach and will report on this when it is complete.

We raised the above concerns with the Registered Manager at the time of inspection and they told us that they would complete an assessment of people on self-medication where required, and develop medicine management plans. They told us they would introduce a new MAR sheet to show all the prescribed medicines on the MAR sheets by 16 November 2016. They also confirmed that all staff competency assessments would be completed by 16 November 2016. However, this action had not been completed at the time of the inspection so we could not assess the impact on people's care and support needs.

We found further shortfalls relating to risk management. The provider had identified potential risks to people but had not put in place risk management plans to mitigate the risk for people using the service. Three people's care records we looked at showed they had complex needs. However, there were no risk management plans in place and no guidance available to ensure staff were able to support people and minimise risks in a safe and consistent manner. For example, one person's risk assessment dated 06 April 2016 identified they required to be hoisted. However, there was no risk management plan or guidance for staff about the moving and handling support required and what checks staff need to carry out prior to using the hoist. This placed the person at risk of not being supported safely.

For one person, their risk assessment dated 14 April 2016 identified them as having swallowing difficulties and they required thickeners in all fluids. However, there was no risk management plan or guidance for staff around using thickeners in all liquids. A third person's care plan dated 13 July 2016 identified they had a specific health condition. However, there was no risk management plan or guidance for staff about how to manage their health condition. This placed people at risk of unsafe care and treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager told us at the inspection that they would start working on the risk management plans immediately and complete for all people by 16 November 2016. However the lack of risk management plans placed people at risk of unsafe care during this period.

The provider had systems in place to ensure staff recruited to work at the agency were suitable. On one occasion the checks on identification had not been robust to identify a potential issue. For example, one of the nine staff member's evidence of identification was unsatisfactory, and this required improvement. However, all other staff files we reviewed had satisfactory background checks. These checks included qualifications and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification.

People who used the service told us they felt safe and that staff treated them well. One person told us, "I feel safe enough with them [staff], they come four times a day, they do my medicines, never had a problem with that." A relative said, "My [relative] have dosette boxes for their meds and they [staff] just remind them [relative], that's all OK, we think they are very safe with them."

However, as recorded above we identified concerns in relation to management of medicines and managing risks.

Staff knew what to do if safeguarding concerns were raised. Staff understood the types of abuse, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the registered manager. The registered manager and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all staff had received safeguarding training. Safeguarding policies and procedures were available



to staff with records kept of alerts to monitor their progress. The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service worked in cooperation with the local authority in relation to safeguarding investigations.

The service had a system to manage accidents and incidents safely and to reduce reoccurrence. Staff completed accident and incidents records, which included action staff took to respond and minimize future risks, and who they notified, such as a relative or healthcare professional. For example, when a member of staff found a person unwell, they contacted a relative and healthcare professional, and recorded this.

There were sufficient numbers of staff to meet the needs of the people who used the service. Staff rotas that we looked at confirmed this. One person told us, "They [staff] are pretty much on time, sometime they turn up a bit late in the morning, but nothing serious." A relative said, "They [staff] have been lovely, my relative fell in the bathroom the other day, I rang the office and they [staff] were here in five minutes, they got him up fine."

## Is the service effective?

### Our findings

People who used the service and their relatives told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "I can ring the office up easily, I have all the phone numbers, they all seem pretty well trained, they get on with stuff, they know what to do." Another person said, "They all seem well trained, they know what to do, they always say do you want a cup of coffee, is there anything else, they are nice like that." A relative told us, "They [staff] know what they are doing." Another relative said, "My (loved one) says everything is fine."

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervisions sessions staff discussed topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for staff who had completed one year in service. Staff told us they felt supported and able to approach the registered manager at any time for support.

People received support from staff that had been trained. People told us they were satisfied with the way staff looked after them. Staff told us they completed an induction when they started work. The induction included topics such as the staff roles and responsibilities, health and safety, first aid, food hygiene, infection control, and a period of shadowing with an experienced staff member. Staff told us they were up to date with their mandatory training. This included training on safeguarding, moving and handling, mental capacity, health and safety, first aid and administration of medicines. Records we saw confirmed staff training was up to date. Staff told us they felt training programmes were useful and enabled them to deliver the care and support people needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The service had systems to look for and record whether people had capacity to consent to care. One person told us, "They [staff] are nice; they always ask me what I want." Staff understood the importance of asking for consent before they supported people. Staff told us they took verbal consent from every person prior to care delivery. Records we saw confirmed this.

The registered manager told us that three people did not have capacity to make a specific decision and a best interests decision making process was being arranged to be completed by the end of October 2016, in relation to their personal care. Following the inspection the registered manager confirmed that these have been completed. As the best interests decision meetings had not been completed at the time of our inspection, we were unable to assess if appropriate action was taken following the meetings. However, we shall review these at our next inspection.

Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] do my meals, well my brother does and put them in the fridge and they [staff] heat them up during a mealtime that is no problem." One staff member told us, "I ask them what they want to eat or drinks, then I make it for them, both at breakfast and lunchtime."

People's relatives coordinated healthcare appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and GP's in every person's care record. Staff told us how they would notify the office if people's needs changed and they required the input of a healthcare professional.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "They [staff] are very nice, they are lovely." Another person said, "I like [named carer] she understands me and knows what to do." A relative told us, "They [staff] have made such a difference to my [relative's] life. My [relative] say's that [named carer] is so thorough it's lovely and they wouldn't stop having them now, the girls are lovely [named several] and my relative seems very happy with it." Another relative said, "The carers are very nice and respectful, they get on with my relative very well."

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One person told us, "A nice young man came from the office last week and asked me things." A relative said, "We did the care plan and a young man is coming out next week to do the review and discuss things with us." Another relative told us, "We did the care plan and we have had some very in-depth conversations."

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I always ask them before giving any care, how they liked to be supported when showering, bathing and treat them with respect."

Staff we spoke with showed an understanding of equality and diversity. Staff training records showed that they had completed training in equality and diversity. Staff encouraged people to maintain their independence. A member of staff said, "I encourage him to be independent, I make him do as much as he can do."

Staff respected people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff did this by ensuring people were properly covered and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relations with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential to respect their privacy. The service had policies, procedures, and training to help staff protect people's privacy, dignity and human rights.

## Is the service responsive?

### Our findings

People and their relatives told us they received care and support that met their needs. One person told us, "I do get the care I need and I don't mind which carer looks after me.", One relative said, "The staff spotted my relative in an emergency one evening, and acted so quickly, it reduced the odds of her being permanently affected, when she went to hospital. She is fine now."

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment and they used this information as a basis for developing personalised care plans to meet each person's individual needs.

Care plans contained information about people's personal life and social history, likes and dislikes their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Senior staff updated care plans when people's needs changed and we noted that plans included clear guidance for staff on the level of support each person required. All of the care plans we reviewed were up to date and reflective of people's current needs. However, the medicines care plan and risk management guidance for staff was not there for some people, which we reported in the safe section of this report.

Staff completed daily care records to show what support and care they provided to each person. Staff discussed the changes to people's needs as and when required with the registered manager, to ensure their needs were met in a timely manner.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I have never had to complain, they always let me know if there are any issues." Another person said, "My daughter deals with the office but I do have their number, no complaints, no problems." One relative told us, "We did have issues in the past but they dealt with those pretty quickly." The service had a clear policy and procedure about managing complaints, which stated how to make a complaint and what action the service would take to address any concerns received. The registered manager had maintained a complaints log, which showed that they had investigated any complaints when concerns had been raised, and responded to them in a timely manner. These were about general care issues, staff running late and change of home visit timings. The registered manager told us they had not received any complaints after the above concerns and the records we saw confirmed this.

## Is the service well-led?

### Our findings

We found that there were six safeguarding referrals made to the local authority safeguarding team by the provider. However of these, four safeguarding allegations had not been notified to the Care Quality Commission (CQC) as required. When asked, the registered manager told us this has been an oversight, and in future they would notify the CQC in a timely manner.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider did not have an effective system in place to regularly assess and monitor the quality of services people received or the improvements required. For example, the provider had not carried out risk assessment, risk management plan, and care plan audits for people who used the service to ensure their current needs were reflected in the care plans with adequate guidance for staff to meet their needs. The medicines records were not audited to monitor the safety of people to ensure that they were not exposed to unnecessary risk and their prescribed medicines were administered safely. Therefore, the provider had not identified the issues we found at this inspection. The provider had also failed to make improvements in line with their action plan following our inspection of September 2015. The service did not have call monitoring systems and procedures in place to ensure staff had delivered care in line with the care plan, including the administration of medicines, when they arrived and left people's homes, and if they were running late.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager told us that they were in consultation with an external provider to introduce a bespoke electronic call monitoring system that would enable them to carry out real time monitoring of the service, which they had planned to launch a pilot of this service by end of December 2016. They said this would support improvements in quality monitoring. As these actions had not been completed at the time of this inspection we will assess the impact of any improvements made at our next inspection.

People and their relatives commented positively about staff and the service. One person told us, "It seems to run OK, it's all been pretty good." One relative said, "You can talk to the manager and thrash things out, it's been alright." Another relative told us, "It has improved over the last few years, with the changes in management; much better, it has all been very good lately."

However, as recorded above we identified concerns in relation to the quality assurance of the service and notification of safeguarding referrals to the CQC.

The service had some good practices in relation to quality assurance of the service. For example, the registered manager carried out unannounced spot checks and observations to ensure people were happy with the services they received and staff had arrived on time and delivered care appropriately. Spot checks and observation records we saw showed that staff had been able to deliver good quality care.

There was a registered manager in post. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager comes to the field and is good." Another member of staff said, "If I need any help, I call the manager and the manager sorts it out the same day, I am very happy with the manager."

The registered manager told us that they had completed service users' satisfaction survey in April 2016. However, they were not able to provide a copy of the survey report, as the member of staff responsible was on leave. We shall review this at our next inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not notified Care Quality Commission of all safeguarding referrals as required by the law.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Potential risks to people were identified but risk management plans were not put in place to reduce the risk.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have systems to monitor and improve the quality of the service.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service was failing to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.</p> <p>Management of medicines was not robust.</p>

### **The enforcement action we took:**

Warnin notice